

**Files for Purchase**  
**GENERAL INSTRUCTIONS AND ORDERING INFORMATION**  
**July, 2002**

Please ensure that your order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in your order. To process each order, the Centers for Medicare & Medicaid (CMS) incurs costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable.

**1. Standard Output Specifications:**

- a. Cartridge
  - 1. Recording Mode ----- EBCDIC
  - 2. Tape Labeling ----- IBM Standard
  - 3. Density ----- IBM 3490e Cartridge – 36 track-810 Megabytes (Standard Format)  
----- IBM 3480 Cartridge – 18 track-210 Megabytes (by special request only)
- c. CD ROM

**2. Methods of Payment** (All money must be drawn on a U.S. bank):

- a. Payments must accompany order forms (No credit card payments). Make **company check** or **money order** payable to:  
**Centers for Medicare & Medicaid Services-PUF or CMS-PUF**
- b. Electronic Transmitted Payment (For Other Federal Agencies Only)
  - 1. U.S. Federal Government Agencies need Agency Location Code
  - 2. U.S. Banks only (contact CMS's Accounting Office - 410-786-2567).
- c. Purchase Orders require prepayment.

**3. Files for Purchase Information:**

See Website at [www.cms.hhs.gov/data/](http://www.cms.hhs.gov/data/)

**4. MAILING INSTRUCTIONS FOR ORDERS:**

**a. Mailing Address if using U.S. Postal Service**

Centers for Medicare & Medicaid Services  
Public Use Files  
Accounting Division  
P. O. Box 7520  
Baltimore, Maryland 21244-1850

**b. Mailing Address if using express mail (Federal Express, Airborne, etc.)**

Centers for Medicare & Medicaid Services  
OFM/Division of Accounting-PUF  
7500 Security Boulevard, C3-07-11  
Baltimore, Maryland 21244-1850

Address must be written in its entirety.

Request must include name and telephone # of contact person.

**PRICES EFFECTIVE July, 2002**  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**5. Magnetic Media Return Policy:**

CMS will honor written requests for replacement files due to physical errors on the file or incorrect processing of the original order within **60 days** of the shipment date provided the cartridges or CD are returned with an explanation of the problem to the following address:

CMS/Data Release Area  
Tape Library-PUF  
7500 Security Boulevard, NL-37  
Baltimore, Maryland 21244-1850



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Please Print Legibly or Type

## FILES FOR PURCHASE ORDER FORM

Centers for Medicare & Medicaid Services  
Accounting Division-PUF  
P.O. Box 7520  
Baltimore, Maryland 21207-0520  
(410) 786-3691

Date: \_\_\_\_\_

### PURCHASE REQUEST

	<u>FILE NAMES</u>	<u>YEAR</u>	<u>COST</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
TOTAL			_____

COMPANY CHECK/MONEY ORDER AMOUNT: Payable to: CMS-PUF  
(No Personal Checks. All checks must be drawn on a U.S. bank.)

(No Credit Cards Accepted)

AGENCY LOCATION CODE (U.S. Federal Government) \_\_\_\_\_

OUTPUT SPECIFICATIONS: See Files for Purchase Directory for Media Available for Files at  
[www.cms.hhs.gov/data/](http://www.cms.hhs.gov/data/)

1. Cartridge (Standard Output) 3490e \_\_\_\_\_ 2. CD-ROM \_\_\_\_\_  
3. By Special Request ONLY: 3480 Cartridge \_\_\_\_\_

EXPRESS COMPANY: (i.e., Fed Ex, Airborne, etc.) \_\_\_\_\_

EXPRESS ACCOUNT: (Number) \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY/ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIPCODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONENUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

This form can be reproduced for additional orders.

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